



# *Iowa Medicaid Enterprise “Endeavors Update”*

*A Communications Effort to Strengthen Partnerships*

*June 2012*

**Terry E. Branstad, Governor  
Kim Reynolds, Lt. Governor**

*Iowa Department of Human Services  
Charles M. Palmer, Director  
Jennifer Vermeer, Medicaid Director*

## **Special points of interest:**

- MIDAS Launched
- BIPP Grant Award
- Health Home Update
- Hospital Readmissions Data
- Ada's Story: The Consumer Choice Option Works for Iowa Family



Welcome to the June IME Newsletter. We have a great deal of news to share this month including the approval of the State Plan Amendment (SPA) for Health Homes, the launch of the Medicaid Integrated Data Administration Solution (MIDAS) and the major federal grant award for the Balancing Incentive Payment Program (BIPP). The BIPP award is almost \$62 million over a three year period. The SPA amendment for Health Homes and the BIPP grant will support Iowa Medicaid's ongoing efforts to make strides in providing coordinated care for high risk, high cost populations, especially those individuals with chronic conditions. The MIDAS project is a large, multi-year endeavor and we are pleased that work has begun.

You will learn more about these initiatives in stories in this month's edition. We look forward to working with our stakeholders to make these new opportunities work well for everyone.

## **Inside this issue:**

Health Home Update	2
BIPP Award	3
Hospital Readmissions Data	4
Health Care Safety Net Study	5
Patti Ernst-Becker Retires	6
What Works: Ada's Story CCO for Iowa Family	7
Summit to Address Elder Abuse Coming in August (IDA)	8

## **MIDAS Launched**

The Medicaid Integrated Data Administration Solution (MIDAS) project has begun. On June 4, 2012, contractor staff members began to move into temporary spaces in the IME facility. The MIDAS project is a very large, complex project centered on the development and implementation of a new Medicaid Management Information System (MMIS) and Pharmacy Point-of-Sale System (POS). MIDAS will become the Medicaid claims processing system and will allow Medicaid to move from the current mainframe to a more modern platform with new functionality. This project will bring about many changes and enhancements to work completed by the IME staff. Implementation is planned for February 1, 2015. Watch future newsletters for ongoing updates about the MIDAS project.



*"This is great news  
and is the  
culmination of over  
two years of  
efforts."*  
Marni Bussell  
Health Home  
Project Manager

## Health Home Update

The IME Health Home for Members with Chronic Conditions is fast approaching the effective date of July 1, 2012. Since our last article we have enrolled 5 Health Home entities covering 32 different practice locations with more than 312 individual practitioners. These medical professionals have committed to seek out members with chronic conditions and provide services like coordination of care with specialists, medication reconciliations, and a whole-person proactive approach to primary care services. The IME projects that over the coming months, several more practices will join the program and expects that health home services will be offered to as many as **5,000** members across Iowa. Health Home services openly available to members served by one of these practices include:

- Comprehensive Care Management
- Care Coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social support services

On June 8, the IME received word that the State Plan Amendment (SPA) for Health Homes had been approved by the Center for Medicare and Medicaid Services (CMS).

## Health Homes: What are the benefits to Members? (First in a Series)

Members receiving **Comprehensive Care Management** from a Health Home practice can expect assistance arranging care for all stages of life and medical needs, including acute problems, chronic care management, preventative services, and end of life care. Members who feel frustrated that their primary care doctor is not informed on the decisions and care plans that the specialist is conducting and vice versa can enjoy a new experience in medical care. In a Health Home, a care coordinator follows up with specialists to keep a comprehensive, current care plan for the member that includes orders, medications and long term goals for all aspects of the member's health.

## Balancing Incentive Payment Program: \$61.8 million federal grant award

Last month we informed you that Iowa Department of Human Services had submitted an application to the Center for Medicare and Medicaid Services (CMS) for a state Balancing Incentive Payment Program (BIPP) grant. On June 13 we learned that CMS approved the application. BIPP is a provision of the Affordable Care Act that is designed to “balance” state spending on long term supports and services. The goal of BIPP is to provide persons with greater access to home and community based services and to reduce unnecessary reliance on institutional services. Iowa currently spends approximately 46.5% of its Medicaid long term supports and services funds on Home and Community Based Services. Under this successful grant application Iowa will receive an enhanced match rate of 2% for non-institutional long term services and supports, or about \$61.8 million. The grant award period is July 1, 2012, through September 30, 2015. The department plans to work with key stakeholders to plan implementation steps.



*“The grant application was a collaborative process and we thank our partners.”*

*Deb Johnson  
Bureau Chief  
Long Term Care*

## Medical Director's Minute: Vaccination & Vaccine Refusal

Dr. Jason Kessler, Medicaid Medical Director, writes a monthly column on topics of interest. June's Medical Minute discusses vaccinations and vaccine refusals.

Link to the Medical Minute at:

[http://www.ime.state.ia.us/docs/MDM\\_2012-06.pdf](http://www.ime.state.ia.us/docs/MDM_2012-06.pdf)

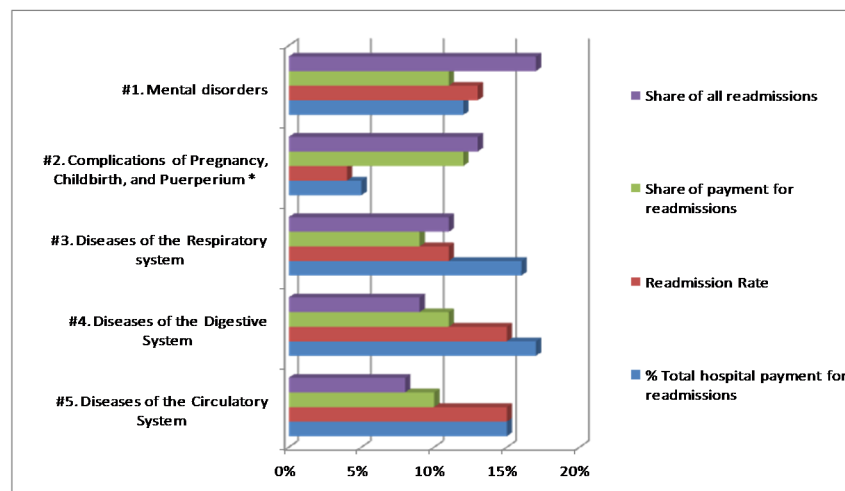


## Hospital Readmissions Research: Leading Diagnoses and Future Directions (Part 3 of 3 in Series)

We previously introduced a hospital readmissions study by the Medicaid Medical Directors' Learning Network (MMDLN) and the Agency for Healthcare Research and Quality (AHRQ). The IME's overall readmission rate in the study of 2009 data is better than the 16-state average. Adult non-obstetric hospitalizations and adults ages 45-64 years are the most likely groups to be readmitted.

The top five Major Diagnostic Categories (MDCs) accounted for 61% of readmissions and 56% of readmission payments. The top five MDCs in 14 states are shown in the diagram below.

Leading diagnoses for readmissions in 14 states.



\*The puerperium is the four-week period following childbirth

The diagnoses with the greatest share of readmissions are not necessarily the highest cost. For complications of pregnancy, the readmission rate is only 4% (3% in Iowa), but the actual number of readmissions, and therefore the share of readmissions is high at 13% of the readmissions (16% in Iowa). Future directions of study will include behavioral health, the dually eligible population and analysis of additional years. The study is already being repeated for 2010 data.

Top Five Major Diagnostic categories (physical health only, 2 states excluded)

Top Five Major Diagnostic Categories				
Category	Share of all Readmission		Readmission Rate	
	Iowa	14-State Average*	Iowa	14-State Average*
Complications of Pregnancy, Childbirth & Puerperium	16%	13%	3%	4%
Diseases of the Respiratory System	14%	11%	11%	11%
Diseases of the Digestive System	12%	9%	15%	15%
Diseases of the Circulatory System	10%	8%	18%	15%
Injury & Poisoning	9%	7%	10%	14%

\*AL and TN were not included in the major diagnostic categories analysis

## University of Iowa Public Policy Center Study on Health Care Safety Net

The University of Iowa's Public Policy Center regularly conducts health care studies. They are currently studying "Strategies in Iowa for Improving Performance of the Health Care Safety Net in the Era of Health Reform". Professor Pete Damiano has released an interim report at the half-way point of the study. He reports that the primary objectives of the study remain the same. They include:

- Determine the current funding, expenditures, and infrastructure of the health care safety net at the state level, using Iowa as an example.
- Evaluate the potential implications of the Affordable Care Act (ACA) on funding, expenditures, and infrastructure of safety net-related activities at the state level.
- Develop strategies for improving integration and coordination of safety net providers and organizations within the health care delivery system using Iowa as a model for change.

Professor Damiano sees several successes with the project thus far. The report states that "it has created the opportunity and environment for a diverse group of interests in Iowa, directly and indirectly related to the safety net, to meet regularly to discuss topics of mutual interest." He notes that one of the biggest challenges for everyone attempting to study the impact of the ACA is the "uncertainty as we move forward". The project is being funded by a Commonwealth Fund grant and is a collaborative effort among the University of Iowa, Iowa Primary Care Association, Iowa Department of Public Health and Iowa Department of Human Services. Medicaid staffers Jennifer Steenblock and Marni Bussell are participating in the project.

Link to the University of Iowa Public Policy Center for more information;

<http://ppc.uiowa.edu/health>

<http://ppc.uiowa.edu/health/study/health-care-safety-net-iowa-post-health-care-reform>

*"It has created the opportunity and environment for a diverse group of interests in Iowa, directly and indirectly related to the safety net, to meet regularly to discuss topics of mutual interest."*

*Professor Pete Damiano  
University of Iowa  
Public Policy Center*



Patti Ernst-Becker

*"Simply put, Patti Ernst-Becker knows everything there is to know about Medicaid. Her service to the state and the people we serve is greatly appreciated. Her institutional knowledge will be sorely missed."*

*Iowa Medicaid Director  
Jennifer Vermeer*

## Patti Ernst-Becker Retiring After Over Three Decades with the State

Patti Ernst-Becker is, what would be referred to in the sports arena, a foundational player at the Iowa Medicaid Enterprise. Patti was involved in writing the original Request for Proposal (RFP) that ultimately launched the IME in 2005. She was in the first wave of about thirty employees to inhabit the mostly empty building in February 2005. While some people were skeptical about the "enterprise" system envisioned she "always thought it would work" although she knew "there would be a lot of hurdles". Patti's responsibilities at the beginning of the enterprise development included managing three units (Provider Cost Audit & Rate Setting, Revenue Collections and Program Integrity, then called SURS). In addition, she established the original accounts receivable system.

Patti's background as a budget analyst for the Department of Inspections and Appeals then as a budget analyst for the Department of Human Services prepared her well for her work at Iowa Medicaid. She believes that her foundational background in finance, audits and budget analysis served her well in her great variety of program integrity tasks in more recent years.

She looks back on her work to coordinate several Intergovernmental Transfers (IGT's) in the early 2000's as one of her proudest accomplishments. These IGT's, which Patti completed all the work from State Plan Amendments to letters, established the Senior Living Trust Fund and Hospital Trust Fund which brought in over ½ billion dollars to the state. She got the idea from several other states that were utilizing this option at the time. The Centers for Medicare and Medicaid Services (CMS) ended the authority to make the IGT's around 2005, around the time that the Medicaid enterprise system was being established in Iowa.

Patti has seen the area of Program Integrity in the Medicaid system go from a low priority item to a top priority in the space of a few years. She explains that Congress, during a time period when Senator Grassley (R-Iowa) was chair of the Senate Finance Committee, recognized that Medicaid schemes (fraud) were doing detrimental damage to the federal budget and responded with the Balanced Budget Act of 2005 which launched new federal initiatives on Medicaid program integrity.

According to Patti, "Iowa is one of the front runners on program integrity initiatives". She believes that program integrity efforts will "become even more sophisticated" as government stays ahead of the bad guys with tools like analytics. She believes that her line of work is well positioned to be an innovative area to work because Medicaid enrollment will keep growing which means more oversight will be needed.

Patti's next role will be with the company called AdvanceMed. They contract with CMS to administer the Medi/Medi program in several states. She will travel to multiple states to oversee their work and assist the company to establish new programs in several key states. She says that she can walk away feeling like "I made a huge contribution." The people who work at DHS and Iowa Medicaid acknowledge that contribution and thank Patti for her years of service. We will greatly miss her institutional knowledge. The level at which the program integrity program operates today is just one of Patti's legacies.



## Ada's Story: Consumer Choice Option Works for Iowa Family

The Consumer Choice Option (CCO) is available under the Home and Community based waivers program. CCO gives members more control over a targeted amount of Medicaid dollars. The members can use the dollars to develop individual budget plans to meet their needs by directly hiring employees and/or purchasing other goods and services. We are pleased to share this personal story from a family who uses the Consumer Choices Option under Iowa Medicaid's Home and Community Based Services.

*Our family has used the Consumer Choices Option for our daughter Ada since it began a few years ago. Because of Ada's intellectual and other disabilities and need for constant one-on-one attention, we struggled to accomplish even the most basic household tasks, like laundry and groceries. My husband and I were rarely able to go anywhere together, and our careers suffered as well. While we technically had respite care services through a local agency, they became unreliable and far less than the number of hours to which Ada was entitled. There was constant staff turnover. Since Ada is nonverbal and has a variety of special needs, it always took a long time for the new respite care provider to learn how to communicate with Ada. The goals the agency developed for her were sometime poorly aligned with her real needs.*

*With CCO, the responsibility is ours to manage her Social Security benefits under the MR waiver. As Ada's parents, we have the most to gain from using those benefits wisely and responsibly. Both of us have rewarding professional careers, and neither of us wanted to quit to stay home with Ada. Instead, we recruit and train Ada's caregivers, determine their hourly wage, and provide continuous feedback and support to staff as Ada's goals and abilities change. We communicate directly with her case manager and her respite staff with no third party. We have learned how to work with the ever-changing schedules of UNI college students who are majoring in early childhood education and special education, communicative disorders and similar fields. These young people are intelligent, caring and enthusiastic. The flexible part-time work in their chosen field helps them build a career resume while still in college. When they graduate, we eagerly follow their progress and write letters of recommendation. It is wonderful to see them find jobs in education across the state of Iowa.*

*Ada's caregivers are the best. They take Ada to parks, outdoor festivals, movies, art museums, malls and stores around town. She gets constant one-on-one attention and training that we could not possible provide on our own.*

*Having a child with special needs can be very isolating. Our friends have a difficult time relating. They cannot always understand why my husband and I are so restricted in our travel and free time. It is hard for them to understand what we are going through. One way we have addressed this is by taking Ada to social events with us, so they get to know Ada better. The CCO program has been instrumental. If we want to entertain friends at home or go to a friend's house for a potluck meal, we schedule a respite care provider. With their help, Ada can hang out with the other kids, eat a meal with everyone, and then go home when she is tired. Otherwise, one of us would have to be "on duty" all the time, or (more likely) just stay at home with Ada. This way our friends can watch Ada grow and change over the years along with our older daughter, as we watch theirs. It is easier to share our joys as well as our worries with our friends because of CCO.*



*We like camping and other outdoor activities, but Ada's disabilities are a challenge. For several years, we have brought a respite care provider with us on vacation. We are able to save up some respite care hours over the calendar year so there are sufficient funds to pay them. They get their own tent and time off, and we pay (out of pocket) for their food etc. With their help we involve Ada as much as we can—swimming, sightseeing, taking walks, or just relaxing. It is a great solution for us, and Ada continues to get the high quality care and training she needs to enjoy her life and learn basic skills.*

*With the help of our marvelous DHS case manager and Veridian Credit Union's CCO program, we have been able to tailor Ada's services to best address her disabilities and make our family a happy one. Our goal is to keep her in our home and take care of her as long as we can, and CCO has made that possible.*

Sincerely,

Laura Jackson and Kamyar Enshayan

Cedar Falls, Iowa

Thank you to Laura Jackson, Ada Enshayan, Nettie Enshayan, and Kamyar Enshayan for sharing their story.

## Regular Feature: Informational Letters

The Iowa Medicaid Enterprise publishes provider bulletins, also known as informational letters, to clarify existing policy details or explain new policy. Bulletins are posted on a website. The IME Newsletter will highlight informational letters released in the preceding month. Topics of May 2012 informational letters included:

- Home and Community Based Quality Management and Technical Assistance Survey (IL#1134)
- Home and Community Based Quality Assurance Reviews (IL#1133)
- Member Co-pay Clarification (IL#1131)

View the complete list of Informational Letters by year at:

<http://www.ime.state.ia.us/Providers/Bulletins.html>



## Summit to Address Elder Abuse Coming in August

House File 2387, signed into law this spring, directs the Iowa Department on Aging to work with the Department of Inspections and Appeals, Department of Human Services, Attorney General's Office, and other affected stakeholders, to conduct a comprehensive review of occurrences of and laws relating to the abuse, neglect, or exploitation of individuals who are sixty years of age or older. To kick off this taskforce, an Elder Abuse Summit will be held in Des Moines on August 2, 2012. The focus of the Summit is to provide an assessment of Iowa's current situation, identify system barriers and gather suggestions on what is needed to create the desired elder abuse system for Iowa. If you are interested in participating in the Elder Abuse Summit, please visit the IDA website at [www.aging.iowa.gov](http://www.aging.iowa.gov)



## Member Newsletter: “Partners for better health and wellness”

The Iowa Medicaid Quarterly Member Newsletter, “Partners for better health and wellness” is now available. Topics include Health Homes, tips for handling billing issues, explanation of third party liability and tips for how to avoid heat stroke.

Link to the Summer 2012 Member Newsletter at:

[http://www.ime.state.ia.us/docs/MemberNewsletter\\_2012Summer.pdf](http://www.ime.state.ia.us/docs/MemberNewsletter_2012Summer.pdf)



What is Third Party Liability?

## Governor's Signing Statement on DHS SFY 13 Budget

On May 25, 2012, Governor Branstad signed the Human Services Budget bill with several item vetoes.

In his statement he said, *“I am concerned that Senate File 2336 does not adequately fund the state share of Medicaid. The legislature was unable to reach an agreement on Medicaid so there has not been an adjustment to the Medicaid appropriation since the last legislative session. It is estimated that the Medicaid appropriation will fall \$30 to \$40 million short of the low-range projections. Sufficient funds will exist in the ending balance to cover any shortfall and the money has not been used for other purposes. Simply put, this is not a good budget practice and should not be continued in the future.”*

You can link to the entire signing letter at:

<http://coolice.legis.state.ia.us/linc/84/external/govbills/SF2336.pdf>



Terry Branstad  
Governor of Iowa

## Reminder: e-Health Summit August 8 & 9

### Team Health IT: Go for the Gold!

This year's Summer Olympics will bring together a diverse group of athletes from around the world who are dedicated to excellence. On Wednesday, August 8, and Thursday, August 9, the Iowa e-Health Summit will bring together Iowa professionals from across the state, also committed to excellence through the use of health IT and health information exchange to improve patient care.

During this event, Iowa's healthcare community will gather to learn and share the latest exciting developments related to electronic health record adoption, meaningful use and health information exchange. We will highlight how e-Health initiatives improve health care for Iowans and position our state for the future health care environment.

[Registration Information](#)

### Summit Highlights:

- New Format
- Buy One, Get One Free Registration
- Pre-Summit Showcase
- New Topics
- CMS Chat Room
- Patient & Provider Perspectives
- Vendor Reception



***Iowa Medicaid programs serve Iowa's most vulnerable population, including children, the disabled and the elderly.***

We're on the web!

<http://www.ime.state.ia.us/>

Comments, Questions or Unsubscribe  
Please email:  
[IMENewsletter@dhs.state.ia.us](mailto:IMENewsletter@dhs.state.ia.us)

*The Iowa Medicaid Enterprise (IME) is an endeavor, started in 2005, to unite State staff with "best of breed" contractors into a performance-based model for administration of the Medicaid program.*

*The Medicaid program is funded by State and Federal governments with a total budget of approximately \$4 billion. The \$4 billion funds payments for medical claims to over 38,000 health care providers statewide.*

*Iowa Medicaid is the second largest health care payer in Iowa. The program is expected to serve over 698,000 Iowans, or 23%, of the population in State Fiscal Year 2013.*

## **Iowa Medicaid Upcoming Events:**

July 20	Clinical Advisory Committee <a href="http://www.ime.state.ia.us/MAAC/CAC_Index.html">http://www.ime.state.ia.us/MAAC/CAC_Index.html</a>
July-August	Annual Provider Trainings <a href="http://www.ime.state.ia.us/Providers/ATRegistration.html">http://www.ime.state.ia.us/Providers/ATRegistration.html</a>
August 8 & 9	<a href="#">e-Health Summit</a>

*This update is provided in the spirit of information and education.*

*The Department shall not be liable for any damages that may result from errors or omissions in information distributed in this update.*